

***SPECIAL EDUCATION ADVISORY PANEL (SEAP)
NOMINATION FORM***

NOTES: *If more space is needed to complete questions below, please attach an additional sheet. Self nominations are encouraged.*

Nominee's Last Name		First Name		Email address			
Mailing address of nominee			Street		City		State
							Zip
							County
Daytime phone number			Evening phone number			Fax number	
Name of person making the nomination				Phone number of person making the nomination			
<p>What "membership category" of the Special Education Advisory Panel does this nominee appear to fill? (complete all that apply)</p> <p><input type="checkbox"/> Parent of child with disabilities</p> <p><input type="checkbox"/> Individual with disability</p> <p><input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> Representative of an institution of higher education that prepares special education and related service personnel</p> <p><input type="checkbox"/> State and/or local education official</p> <p><input type="checkbox"/> Administrator of program for children with disabilities</p> <p><input type="checkbox"/> Representative of private school and public charter school</p> <p><input type="checkbox"/> Representative of at least one vocational, community or business organization concerned with the provision of transition services to children with disabilities</p>							
<p>Has this person expressed interest in being nominated? Yes/No</p>				<p>Is the nominee able to attend four to six meetings in the mid Missouri area? Yes/No</p>			
<p>What qualifications does this nominee possess to provide representation on the Missouri Special Education Advisory Panel? Please respond considering the membership category for which the nominee may qualify to fill.</p>							
<p>The Missouri Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.</p>							

<p>What accommodation(s) does the nominee require, if any, to effectively participate as a SEAP member?</p>	<p>What other statewide or regional task force, advisory panel, or other such organizations related to disability issues is the nominee a member (past and present)?</p>
<p>Why do you want to serve on the Special Education Advisory Panel?</p>	
<p>Optional Information</p>	
<p>Race</p>	<p>Ethnicity</p> <p>Other diversity or uniqueness the nominee would bring to the Panel.</p>
<p>DESE is required to conduct Criminal Background checks on all individuals who are selected for possible appointment to the Special Education Advisory Panel before they can be officially appointed by the Commissioner of Education. Background checks take approximately two to four weeks.</p>	

SEND COMPLETED FORM TO:

***Lina Browner, Executive Assistant
Division of Special Education
Department of Elementary and Secondary Education
P. O. Box 480, Jefferson City, Missouri 65102-0480
573-751-5739 and 573-526-4404 (fax)
Lina.Browner@dese.mo.gov***